Evidence for changes in #4 & #10 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01646

File No. G 124 FEB 27 195

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.	2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Queen Anne's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; STREET ADDRESS (If rural, give location) ✓
3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Beaver	4. DATE OF DEATH: (Month) (Day) (Year) February 10 1950
5. SEX: Female	6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: February 10 1950
9. AGE last birthday: — yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Chestertown, Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frank Larson Beaver.	14. MOTHER'S MAIDEN NAME: Catherine Viola Smith.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Ruptured Rt. Auricle	10 m
774 x Antecedent cause(s)	(b) Premature - 34 week	—
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 10, 1950, to Feb 10, 1950; that I last saw the deceased alive on Feb 10, 1950, and that death occurred at 9:50 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C R Layton	md	Centreville	2-12-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Disposed of by family.			
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
	Clara L. Barnes			

2-0-2-10-0-32-3-34-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01647

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home	STREET ADDRESS (If rural, give location): Home

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Joseph	Everett	Everett		February	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M.	White	widowed	12/25 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	—	Kent Co, Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Valentine Everett	Sarah Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		—	Mrs Addie Hubbard - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage, Paralysis

421.4 **Antecedent cause(s)**

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Arteriosclerosis

(c) Chronic Endocarditis (Syphilis)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec 50, to 2/27 50, that I last saw the deceased alive on 2/26 50, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert G. Burgard	M.D.	Rock Hall, Md	3/1/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 1-50	Chester Cemetery	Chestertown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/1/50	S Elwood Burgess	Edgar L. Lane	Church Hill Md.

OOOVV

RECEIVED
MAR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61648

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 232 Carmon St

3. NAME OF DECEASED (Type or Print) (First) Medford (Middle) Sylvester (Last) Goodman

4. DATE OF DEATH (Month) February (Day) 25 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify)

8. DATE OF BIRTH Jan 25-1941

9. AGE last birthday 9 yrs. If under 1 year: Months 1 Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ralph W. Gorman

14. MOTHER'S MAIDEN NAME Catherine Elizabeth Goodman Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 2 (If year, give war or dates of service)

16. SOCIAL SECURITY No. m

17. INFORMANT AND ADDRESS Catherine Elizabeth Gorman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull - immediate	sudden
813.5 Antecedent cause(s)		
170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Riding a bicycle, ran into a parked truck

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) High & Spring St. (CITY OR TOWN) (COUNTY) Kent (STATE) Md

TIME OF INJURY (Month) Feb. (Day) 25 (Year) 1950 (Hour) 10 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Ran head long into a parked truck

22. I hereby certify that I attended the deceased from Nov. Medical Allocation, that I last saw the deceased alive on ....., 19..., and that death occurred at 10 A.M. m., from the causes and on the date stated above.

SIGNATURE Frank W. Smith (Degree or title) Medical Examiner ADDRESS DATE SIGNED Feb. 25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb. 27, 1950

NAME OF CEMETERY OR CREMATORY Chester

LOCATION (City, town, or county) Chestertown, Maryland (State)

DATE REC'D BY LOCAL REG. Feb. 27-1950

REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1950
BUREAU V. S.

Evidence for change of birth date shonw on:

01649

FILM No. G 124 FEB 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent Skinners Neck MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Skinners Neck COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Joseph (Last) Heinefield
4. DATE OF DEATH (Month) February (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 24 1908
9. AGE last birthday 41 yrs. If under 1 Months. 1 year Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Waterman
11. BIRTHPLACE (State or foreign country) Rock Hall. R R Md
12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME William Heinefield
14. MOTHER'S MAIDEN NAME Lena Volkert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Frank Heinefield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary - Cardiac Thrombosis. First attack — INTERVAL BETWEEN ONSET AND DEATH: none

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none obtained

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lay down after dinner dead in 10 minutes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical to attention that I last saw the deceased alive on ....., 19....., and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank W. Smith Deputy Medical Examiner 2/13/50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE Feb 15 1950 NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery LOCATION (City, town, or county) Rock Hall ~~Kent~~ (State) Kent Md.

DATE REC'D BY LOCAL REG. 2/14/50 REGISTRAR'S SIGNATURE S. Elwood Bingers
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

Address Chestertown R R Md

98849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01650

CERTIFICATE OF DEATH

Reg. Dist. No. 2603

1. PLACE OF DEATH: COUNTY Kent - Skinners Neck MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall R.R.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Skinners Neck. Rock Hall R.R.
STREET ADDRESS (If rural give location) Rock Hall Md

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Higgins

4. DATE OF DEATH (Month) February (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 8. 1888
9. AGE last birthday 62 yrs. If under 1 year Months 1 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Skinners Neck. Rock Hall
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William J. Higgins
14. MOTHER'S MAIDEN NAME Mildred Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Williams Higgins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X Immediate cause (a) Cerebral Apoplexy found dead in boat

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Left home 2 P.M. 2/10/50 found 1230 P.M. 2/10/50

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mr Medicall Attention, 19..., to ....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 PM - 1230 P m., from the causes and on the date stated above.

SIGNATURE Frank W. Smith (Degree or title) ADDRESS Medical Examiner DATE SIGNED 2/11/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 2/11/50
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REG. 2/11/50
REGISTRAR'S SIGNATURE S. Elwood Bingeski
24. FUNERAL DIRECTOR Edgar L Lane ADDRESS Church Hill Md

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01651

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rural — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quaker Neck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rural
STREET ADDRESS (If rural, give location) Quaker Neck

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Samuel (Last) Johnson

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 28 1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Chestertown - Quaker Neck

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wesley Johnson

14. MOTHER'S MAIDEN NAME: Catherine Derry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Block (Adams-Stokes Syndrome)

430.0 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chron Myocardiditis, Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to 2/4, 1950, that I last saw the deceased alive on 2/3, 1950, and that death occurred at 8 25 A m., from the causes and on the date stated above.

SIGNATURE: Albert G. Burgard (Degree or title) M.D. ADDRESS: Rock Hall, Md DATE SIGNED: 2/4/50.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 2/7/50 — NAME OF CEMETERY OR CREMATORY Emanuel Cemetery — LOCATION (City, town, or county) (State) Kent Co. Md.

DATE REC'D BY LOCAL REG. Feb. 6-1950 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Leon R. Henry — ADDRESS Easton Md.

0000

RECEIVED
FEB 9 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01652

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home 325 Cannon st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 325 Cannon st Chestertown md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) martha (Middle) A (Last) Lewis

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: C. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 1889 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): maryland. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Perry Hodgers. | 14. MOTHER'S MAIDEN NAME: Julia Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Thompson Lewis, Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Organic Heart trouble

443 Antecedent cause(s)
95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Anemia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hardening of arteries

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1950, to 2-28, 1950, that I last saw the deceased alive on 2-14-1950, and that death occurred at 4 4 m., from the causes and on the date stated above.

SIGNATURE: H R Copeland (Degree or title) M D | ADDRESS: Chestertown | DATE SIGNED: 3-1-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: Mar. 3-50 | NAME OF CEMETERY OR CREMATORY: Quaker Neck. md | LOCATION (City, town, or county) (State): Quaker Neck md.

DATE REC'D BY LOCAL REG. Feb. 28-1950 | REGISTRAR'S SIGNATURE: Clara S. Barnes. | 24. FUNERAL DIRECTOR: Lewis A. Henry. | ADDRESS: Cambridge Md.

RECEIVED
MAR 2 1950
BUREAU V. S.

01653

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown. Md
STREET ADDRESS (If rural, give location) 406 Calvert. St

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Ringgold
4. DATE OF DEATH (Month) February (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Apr 6-1876
9. AGE last birthday 73 yrs. If under 1 year: Months 8 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Pomona. Kent Co Md
12. CITIZEN OF WHAT COUNTRY? Md 2d

13. FATHER'S NAME William Derry
14. MOTHER'S MAIDEN NAME Louisa Derry.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 214-28-3012
17. INFORMANT George Ringgold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Vascular disease — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardio Vascular 6 mo.!

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to Feb. 10, 1950, that I last saw the deceased alive on Feb. 10, 1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE Frank W Smith (Degree or title) ADDRESS Chestertown DATE SIGNED 2/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-19-50
NAME OF CEMETERY OR CREMATORY Quaker Neck
LOCATION (City, town, or county) Pomona (State) Md.

DATE REC'D BY LOCAL REG. Feb. 16-1950
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Leon Henry ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 20 1950
BUREAU OF S.

Evidence for change of age shown on:

01654

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 124 FEB 16 1950

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) all size
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 Prospect

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 111 Prospect St.

3. NAME OF DECEASED (Type or Print) (First) Harriett (Middle) Robinson (Last)

4. DATE OF DEATH (Month) Feb. (Day) 5 (Year) 1950

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 1 1872
9. AGE last birthday ~~78~~ 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Kent Island Queen Ann Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Berry
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Leonard Robinson (Son) - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Coronary Thrombosis	15 minutes
420.2	Antecedent cause(s)		
94a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cortical hypertension	Don't know
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Feb 5, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 9 25 p.m., from the causes and on the date stated above.

SIGNATURE Robert W. Hare (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED Feb 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 8, 1950
NAME OF CEMETERY OR CREMATORY Chestertown
LOCATION (City, town, or county) Chestertown (State) Maryland

DATE REC'D BY LOCAL REG. Feb. 8-1950
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 10 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01655

CERTIFICATE OF DEATH

Reg. Dist. No. 202

Item 3 film #392 9/7/67 JCP

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Etta (Last) Strong
4. DATE OF DEATH (Month) Feb. (Day) 6, (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-14-1897
9. AGE last birthday 52 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kent County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward L. Beck
14. MOTHER'S MAIDEN NAME Clara Ashley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Hosp. records/

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
170X	Immediate cause (a) Shock, postoperative	3 hrs.
	Antecedent cause(s)	
50	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Radical mastectomy for carcinoma of the left breast.	7 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2-6-50
19b. MAJOR FINDINGS OF OPERATION Carcinoma of left breast with metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1950, to 2-6-, 1950, that I last saw the deceased alive on 2-6-, 1950, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

SIGNATURE A.C. Tick (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 2-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 9, 1950
NAME OF CEMETERY OR CREMATORY St. Paul's Cem
LOCATION (City, town, or county) Near Chestertown, Md. (State)

DATE REC'D BY LOCAL REG. Feb. 7-1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1950
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202.

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomona
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestertown R.D. #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomona
STREET ADDRESS (If rural, give location) Chestertown R.D. #3

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) S. (Last) Thompson

4. DATE OF DEATH (Month) Feb. (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 25, 1891
9. AGE last birthday 58 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Pomona - Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Edward Johnson
14. MOTHER'S MAIDEN NAME Mathilda Glenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT William W. Thompson (Husband) Chestertown R.D. #3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 X Immediate cause (a) Carcinoma ventriculi

46 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypotension, Chron. Endo-Myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7, 1950, to 2/16, 1950, that I last saw the deceased alive on 2/15, 1950, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE Albert A. Burgard (Degree or title) M.D. ADDRESS Rock Hall DATE SIGNED 2/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 19, 1950
NAME OF CEMETERY OR CREMATORY Pomona Cemetery
LOCATION (City, town, or county) Chesterton Neck - Chestertown R.D. #3 (State) Md.

DATE REC'D BY LOCAL REG. February 19, 1950
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1950
BUREAU V. S.

01657

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Kent — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Edesville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall Rural
STREET ADDRESS (If rural, give location): Edesville

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Warren

4. DATE OF DEATH: (Month) February (Day) 10 (Year) 1950

5. SEX: female

6. COLOR OR RACE: col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: about 1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Homes

11. BIRTHPLACE (State or foreign country): Rock Hall, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Smallwood

14. MOTHER'S MAIDEN NAME: Mary Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / **(If year, give war or dates of service)**: —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Iola Hopkins, niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

331 × 83a1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Paralysis L side, Hypertension

(c) arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 12/27, 1949, to 2/10, 1950, that I last saw the deceased alive on 2/8, 1950, and that death occurred at 7.00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) **ADDRESS** **DATE SIGNED**

Albert A. Burgard M.D. Rock Hall, Md 2/10/50.

23. BURIAL, CREMATION REMOVAL (Specify): DATE 2/12/50 — NAME OF CEMETERY OR CREMATORY: SHARPTOWN CEM. — LOCATION (City, town, or county): ROCK HALL (State): Md.

DATE REC'D BY LOCAL REG.: 2/11/50 — **REGISTRAR'S SIGNATURE**: S. Elwood Burgess.

24. FUNERAL DIRECTOR **ADDRESS**: J. Willis Wilde Chestertown, Md

VS. A15

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01658

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Rock Hall — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Rock Hall
STREET ADDRESS (If rural, give location) Simms Jacquette Home

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) — (Last) Wheat

4. DATE OF DEATH (Month) February (Day) 16 (Year) 1950

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify) Single — 8. DATE OF BIRTH unknown — 9. AGE last birthday 81 + yrs. — If under Months. 1 year Days — If under Hours 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm — 10b. KIND OF BUSINESS OR INDUSTRY Farm — 11. BIRTHPLACE (State or foreign country) Kent Co. Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown — 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no — 16. SOCIAL SECURITY No. no — 17. INFORMANT AND ADDRESS Simms Jacquette, Rock Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Endocarditis — 4 years

928.1 Antecedent cause(s) (b) Found dead on floor — Feb-16/50

175b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Kicked severely on leg by horse Feb. 2/50 — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb-10, 1950, to Feb-14, 1950, that I last saw the deceased alive on Feb 14, 1950, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE Frank C. Smith (Degree or title) — ADDRESS Chestertown — DATE SIGNED Feb-18/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE Feb. 19, 1950 — NAME OF CEMETERY OR ~~CREMATORY~~ Cemetery — LOCATION (City, town, or county) Chestertown Md (State)

DATE REC'D BY LOCAL REG. 2/19/1950 — REGISTRAR'S SIGNATURE S. Elwood Bingen — 24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 23 1950
BUREAU OF

01659

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: KENT Coleman Rural Norton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Coleman Norton Md
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent Co.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Rural Colemans Norton COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Norton Md
STREET ADDRESS (If rural, give location): R. Colemans Norton Md

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wilmore (Last)
4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: apr 30 1879
9. AGE last birthday: 70 yrs. If under 1 year: Months 9 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Rural Coleman Norton Md
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: Thomas Wilmore
14. MOTHER'S MAIDEN NAME: Maria Tilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wife Emma Wilmore.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

447 X Immediate cause (a) Paralysis agitans

Antecedent cause(s)

87 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Sclerosis

(c) High Blood Pressure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1950, to Feb 20, 1950, that I last saw the deceased alive on Feb 19, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: L. P. Atwell (Degree or title): M. D. ADDRESS: Still Pond DATE SIGNED: 2/22/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial DATE: Feb 23 1950 NAME OF CEMETERY OR ~~CREMATORY~~: Coleman Rural Norton Md LOCATION (City, town, or county): Norton (State): Maryland

DATE REC'D BY LOCAL REG.: 2/23/50 REGISTRAR'S SIGNATURE: E. Lennard Jones
24. FUNERAL DIRECTOR: B R Fellows ADDRESS: Still Pond Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 27 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01660

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; LENGTH OF STAY (in this place): 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Ann Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; STREET ADDRESS (If rural, give location): Quaker Neck

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Wyllie

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-30-1869

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Glasgow, Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wyllie

14. MOTHER'S MAIDEN NAME: Agnes Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: nO

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac decompensation	4 weeks
422.2 Antecedent cause(s)		
938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31, 1950, to 2-4-, 1950, that I last saw the deceased alive on 2-4-, 1950, and that death occurred at 7:35 P.m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick (Degree or title): M.D., ADDRESS: Chestertown, Md. DATE SIGNED: 2-6-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Feb. 7, 1950; NAME OF CEMETERY OR CREMATORY: St. Paul Cem.; LOCATION (City, town, or county) (State): near - Chestertown, Md.

DATE REC'D BY LOCAL REG.: Feb. 6-1950; REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS: Chestertown Md.

V0894

VS. A15

RECEIVED
FEB 8 1950
BUREAU OF S.